LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

Page____of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

2006 JAN -3 AM 9: 29

SECRETARY OF STATE

		See instructions	at bottom of	page						1	011	115	I IDAIN	le
Lobbyis	's name and p	permanent busine	ss address				Date	prepared				eriod c		
Nick Raganit												year ending		
PO Box 1665								1/2/06						
Boise, ID 83701								(Mo.)					(Day)	(Y r.)
Boise, 1D 63701												12	31	05
Item	Totals	of all reportab	le expenditu	res made or	incurred b	by Lobby	yist or	by Lobbyist	's Emplo	yer on be	half of	Lobby	ist's Emplo	yer.
Category of Expenditure Proportion							ate amounts contributed by each employer (Identify employers, under bottom of page.)							
Expenses I	Pertaining to Lo Not Have to b	bbying Activity	All Employers			-		Employer No. 2		Employer No. 3			Employer No. 4	
Enterta Food ar	inment nd Refreshm	nent	\$		\$			\$		\$		-	\$	
Living	Accommoda	ations	ļ		l							_		
Adverti	sing						_							
Travel												_		
Telepho	one											_		
Other E	xpenses or	Services												
		Total	\$	0.00	\$	0.0	00		0.00	\$	0.	00	\$	0.00
*\		ber of employers										uld be e	ntered on Pa	ge 1.
Item		of each expend			dollars (\$5		_	or or other I						
2	Date		Place	<u> </u>		Am	nount		Names o	t Legislato	rs & Put	olic Off	icials in Grou	ıp
											POS	STE	D	
	Continued on	attached page(s)				1								
INSTRUCTIONS							Item 3		Em	Employer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.							No.1 Associated Taxpayers of Idaho PO Box 1665, Boise, ID 83701							
Filing deadline: Annual report is due on January 31st.								No.2						
TO	BE FILED	WITH:												
Ben Ysursa Secretary of State PO Box 83720							No.3							
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No.4							

Item 4					for or on behalf of			ot mon	ey or other tangible or intangible			
	Date		Amount		Name of Legislator Receiving or Benefited							
	Subjector House Code	ect matter of proposed legislouse Bill, Resolution or other bill, Resolution or Other Legislative Ident. Number		dation, the relation, the relation opposing.	for or on behalf of	Code 01 02 03 04 05 06	zislator. Name of Legislator Receiving	RJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)				
			,				Employer No. 2 signature	M	Date Date			
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.							Employer No. 3 signature		Date			
						J	Employer No. 4 signature		Date			